

FILES NEEDED FOR GROUP HOMES

ENROLLED CHILDREN'S FILES

- ☐ Emergency Information & Immunization Record Card
- ☐ Proof of immunization or exemption attached
- ☐ Special instruction (if any –i.e., bathing, swimming/water play, IEP for special needs)
- ☐ Attendance sheets
- ☐ Medication forms
- ☐ Field trip permission slip
- ☐ Modified diet, formula & written feeding instructions
- ☐ Notices of illness and infestation
- ☐ Toilet training instructions
- ☐ Transportation permission
- ☐ Custody papers

OTHER DOCUMENTATION REQUIRED

- ☐ Menus (post weekly)
- ☐ Documentation of each accident, emergency & injury
- ☐ Copy of driver's license (if transporting)
- ☐ Car insurance, if applicable
- ☐ Field trip permission & attendance records
- ☐ Copies of all service and repair records on vehicles
- ☐ Evacuation drills & smoke detector checks
- ☐ Certificate of Insurance
- ☐ Documentation of home closures/injuries and emergency responses
- ☐ Notifications of diseases or infestations to parents
- ☐ Gas inspection, if applicable
- ☐ ADHS reports/corrections
- ☐ Documentation of suspected abuse or neglect
- ☐ Rabies Vaccination (dogs, cats & ferrets)
- ☐ Pool water tests
- ☐ Copies of basic water rescue training, if applicable

PROVIDER AND STAFF MEMBER'S FILES

- ☐ Name, address, phone number
- ☐ Good faith reference checks of 2 previous employers, (staff members only)
- ☐ High school diploma or GED
- ☐ Date of Birth
- ☐ Annual training documentation
- ☐ Date of employment and job title
- ☐ Negative TB skin test or chest x-ray
- ☐ Immunization statement or shot record
- ☐ Attendance records
- ☐ New staff training within 10 days of hire
- ☐ First aid &/or CPR certificates
- ☐ Fingerprint Registration Documentation:
 - Criminal History Affidavit
 - Fingerprint Application
 - Fingerprint Clearance Card

PROVIDER FILE, (in addition to above)

- ☐ Orientation Certificate of Completion

HOUSEHOLD MEMBER'S FILES

- ☐ Name, address, phone number
- ☐ Immunization statements or shot records
- ☐ Fingerprint Registration Documentation
- ☐ Date of Birth
- ☐ Relationship to certificate holder/provider
- ☐ TB test results (age 12 yrs & older)